

**IFIELD SMILE TRAINING COURSE BOOKING FORM**

**Course Title:**

**Course Date:**

**Course Cost:**

**Name of Delegate(s):**

**School / Organisation:**

**Invoice Name and Address:**

**Contact Telephone Number:**

**Contact Email Address:**

**Please advise of any dietary requirements:**

**Please return completed forms to Ifield Smile by:**

**Email:** **smile@ifield.kent.sch.uk**

**Post: Ifield Smile, Ifield School, Cedar Avenue, Gravesend Kent DA12 5JT**

**If you would like any further information please do not hesitate to call the Smile team: Telephone 01474 536924.**